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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
DPR.DELAWARE.GOV

PROFESSIONAL EXPERIENCE REFERENCE FORM – NEW LICENSE

APPLICANT INFORMATION – The applicant completes this section (Questions 1-4).

Complete this section and send the form to *each* person who will verify your professional geologic work experience. You must arrange for the Board to receive a minimum of five professional references that document a combined total of five years of your professional geologic work experience.

1. Full Name: _____
First Middle Last
2. Address: _____

City State Zip
3. Phone: _____ Email: _____
Day Evening
4. Active License Number(s): _____ State(s): _____

PROFESSIONAL GEOLOGIC EXPERIENCE – The person verifying the applicant's professional geologic work experience completes this section (Questions 5-14).

The applicant named above is applying for Geology licensure in Delaware. Please provide the following information to verify the applicant's **professional geologic work experience**.

5. Your Name: _____
6. Phone: _____ Email: _____
Day Evening
7. Your Geologic Registration Number: _____ State: _____
8. Your Employer Name: _____ Position: _____
9. Your Relationship to Applicant:
☐ Employer ☐ Supervisor ☐ Co-worker ☐ Other: _____
10. I have known the applicant **professionally** since: _____
11. On the next page, provide information about the applicant's professional geologic work experience. Enter only work experience about which you have **first-hand, detailed personal knowledge in your professional capacity**. Space is provided for two periods of work experience. For example, if you supervised the applicant on two projects, you may enter the first project under Work Experience 1 and the second under Work Experience 2. If applicable, you may verify work he/she completed in more than one state.

You may copy this page.

WORK EXPERIENCE 1

I have **personal knowledge** of the applicant's work experience from _____ to _____ .

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?
Yes ☐ No ☐

Employer Name: _____

In which State did this work experience take place? _____

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work _____ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the type of work the applicant did during this period (e.g., projects) and the quality of work that he or she performed: _____

WORK EXPERIENCE 2

I have **personal knowledge** of the applicant's work experience from _____ to _____ .

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?
Yes ☐ No ☐

Employer Name: _____

In which State did this work experience take place? _____

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work _____ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the type of work the applicant did during this period (e.g., projects) and the quality of work that he or she performed: _____

12. Provide your evaluation of the applicant's **overall** work performance. Check only *one* evaluation for each criterion.

	Excellent	Good	Poor	Unknown
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you consider the applicant qualified for licensure as a geologist? Yes ☐ No ☐

14. Additional remarks or comments: _____

I certify that the information that I have provided is accurate and truthful to the best of my knowledge.

Signature: _____ Date Completed: _____

AFFIX
SEAL

Mail the completed form *directly* to Board of Geologists at the address above.

- The Board office will accept only forms it receives *directly* from the person verifying the applicant's professional geologic work experience. Forms returned by the applicant will not be accepted.
- Faxed forms will not be accepted.